

CRAR  
APR/16/2001  
6083 001001

MATT BLUNT, Secretary Of State  
**1999 ANNUAL REGISTRATION REPORT**  
(Business)

CHECK #: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

NOTE: TO CHANGE REGISTERED AGENT OR OFFICE  
SHOWN DIRECTLY BELOW, REQUEST FORM #59  
FROM THE SECRETARY OF STATE.

WE SHOW YOUR FISCAL TAX YEAR AS:	
BEG. MONTH	END MONTH
05/26	05/25
1 IF YOUR FISCAL TAX YEAR IS DIFFERENT:	
BEG. MONTH	END MONTH
01	12

00456159  
THE DIAZ GROUP, INC.

% KIM M. ROAM  
601 JEFFERSON  
BLUE SPRINGS

MO 64014

2	IS YOUR CORPORATION LIABLE FOR FRANCHISE TAX? YES _____ NO <u>X</u> (A corporation is liable for franchise tax if line 6a or 6b on the franchise tax report is more than \$200,000. If "yes" is checked, a franchise tax report must be filed.)
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**FILED**

APR 3 2001

3	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:	<u>705 Virginia</u> STREET <u>Kansas City, MO 64106</u> CITY/STATE <u>ZIP</u>
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*Matt Blunt*  
SECRETARY OF STATE

4	NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF OFFICERS: (MUST HAVE A PRESIDENT AND A SECRETARY; WILL ASSUME PRESIDENT IS ALSO SECRETARY, IF SECRETARY IS NOT LISTED.)	NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF BOARD OF DIRECTORS: (MUST HAVE ONE DIRECTOR; IF NOT LISTED, WILL ASSUME DIRECTORS ARE THE SAME AS OFFICERS)
	PRES <u>Armando Diaz</u> STREET/RT <u>705 Virginia</u> CITY/STATE/ZIP <u>Kansas City, MO 64106</u> V-PRES _____ STREET/RT _____ CITY/STATE/ZIP _____ SEC'Y <u>Armando Diaz</u> STREET/RT <u>Same</u> CITY/STATE/ZIP _____ TREAS <u>Dawn Diaz</u> STREET/RT <u>705 Virginia</u> CITY/STATE/ZIP <u>Kansas City, MO 64106</u>	NAME <u>Armando Diaz</u> STREET/RT <u>Same</u> CITY/STATE/ZIP _____ NAME _____ STREET/RT _____ CITY/STATE/ZIP _____ NAME _____ STREET/RT _____ CITY/STATE/ZIP _____ NAME _____ STREET/RT _____ CITY/STATE/ZIP _____
ATTACH NAMES AND ADDRESSES OF <u>ALL</u> OTHER OFFICERS AND DIRECTORS		

5	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.040 RSMo 1986
OFFICER SIGN HERE >>> <i>[Signature]</i> Officer signing must be listed in box #4 above or on attached list.	

6	ATTACHED IS THE REGISTRATION FEE OF:	00456159
	<input type="checkbox"/> \$45.00 If filed on or before due date <input type="checkbox"/> \$60.00 If within 30 days after due date <input type="checkbox"/> \$75.00 If within 60 days after due date <input checked="" type="checkbox"/> \$90.00 If within 90 days after due date Corporation will be administratively dissolved if report is not filed.	98 0526998 AG 1106998 DF 0127000



**COMPLETE THE BOXES OR FORM WILL BE RETURNED**  
(BOXES 2, 3, 4, AND 5 ARE REQUIRED)  
**RETURN AND MAKE CHECK PAYABLE TO SECRETARY OF STATE**  
P.O. BOX 1366, JEFFERSON CITY, MO 65102